

LOBBYING SUPPLEMENTAL REGISTRATION FORM

To be used for changes to registrations and terminations.

209
Lobbyist's Registration Number

Instructions

- Print in ink or type.
- Complete form and return to Board of Ethics, 8401 United Plaza Blvd., Suite 200 Baton Rouge LA 70809-7017, (225) 922-1400 or (800) 842-6630. No fee is required.
- This form must be submitted within 5 days of any changes in your registration form, to add employers or those you represent, or if you cease all activities requiring registration. It must be submitted within 10 days of any terminations of employment or representations.

FOR OFFICE USE ONLY

Postmark Date: 5/70/92

L. Supp

1022668

1. NAME Cornier Maxine MI
Last First

2. BUSINESS PHONE (225) 761-5007

3. BUSINESS ADDRESS P. O. Box 4625 Baton Rouge 70821
Street and No. City State Zip

MAILING ADDRESS (same)
Street and No. City State Zip

4. EMPLOYER Self-employed

5. EMPLOYER'S ADDRESS N/A
Street and No. City State Zip

6. Have you ceased or terminated all lobbying activities requiring registration? Yes No X

7. LIST BELOW (a) Names of persons, groups, or organizations which you are adding or eliminating; (b) the address of each such person, group, or organization listed; (c) the type of business each is engaged in or the purpose or function of the organization or group; (d) whether or not the client or someone else pays you to lobby; and (e) the date of termination if applicable.

1. Name Louisiana Property Owners Rights Assn.

Address P. O. Box 759, Gonzales, LA 70707

Business or purpose Association of property owners in Louisiana

☒ New Representation
Does this person pay you? Yes

If No, who pays you? N/A

☐ Terminated Representation as of

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2. Name The Alchemind Group
 Address 5517 Moss Side Lane, Baton Rouge, LA 70808
 Business or purpose An Association concerned with Progressive Politics and Public Policies

☒ New Representation
 Does this person pay you? Yes

If No, who pays you? _____

☐ Terminated Representation as of _____

3. Name _____
 Address _____
 Business or purpose _____

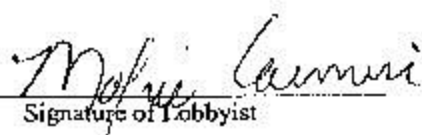
☐ New Representation
 Does this person pay you? _____

If No, who pays you? _____

☐ Terminated Representation as of _____

CERTIFICATION OF ACCURACY

I hereby certify that the information contained herein is true and correct to the best of my knowledge, information, and belief; and that no information required by the Lobbyist Disclosure Act [LSA-R.S. 24:50 et seq.] has been deliberately omitted.


 Signature of Lobbyist